



# Resource Parent Handbook

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# Introduction



As a resource parent, you have successfully completed your training and licensing and are considered a vital member of the Family Support Division Team. Your license means you can offer 24-hour care to foster children and, ultimately, change their lives for the better. Your license is valid for 2 years and is not transferable (meaning it only applies to the person it was issued to). Please keep your license in your home.

Taking in foster children is a huge responsibility and requires staying organized for the various court hearings, team meetings, appointments, and visitations the child will rely on you to help with. However, your most important job is giving them the unconditional love and support they might not have experienced from an adult or care giver before.

In this handbook, we discuss the two teams you will be a part of — the Family Support Team (FST) and the Permanency Planning Review Team (PPRT). Although their time scales, goals, and obligations are separate, both teams meet regularly to make recommendations for children placed in your home. This handbook will also tell you what to expect once you bring a child into your care, how to handle court, and the various resources available to you as a foster parent.

We are excited to have you on our team to help support the lives and wellbeing of children in need. As a valuable member of your foster child's support team, don't hesitate to reach out to your Children's Service Worker with questions or concerns.



# Frequently Asked Questions



## **How does visitation work?**

Our goal is for children to visit siblings and family members at least once a week to help maintain those relationships. Visitation might be supervised, if needed, and should be at a location that is convenient and comfortable for all involved.

## **What permissions can I give my foster child(ren)?**

Although your foster children will legally be in state custody, as resource parents, you will have control over most of the day-to-day activities and appointments for the child. See page 8 for more information on what you can consent to as a foster parent.

## **How am I involved in the child's education?**

As the child's primary care giver, you will be involved in their education including where they go to school, what extra-curricular activities they're a part of, and helping them with homework and projects.

## **Can a foster child join us on our family vacations and trips?**

Your foster children can join you on vacations with approval from the court and the child's case worker; however, risks include how medical coverage is handled outside the state. See page 16, for more travel information.

## **What is appropriate discipline?**

Corporal punishment against foster children is strictly prohibited, as is verbal abuse or personal derogatory remarks. Discipline should be used in a fair, constructive, and consistent manner.

# Frequently Asked Questions Continued

## Who consents to routine and emergency medical care?

You will have the authority to consent to many of the child's basic medical needs, including regular check-ups and routine appointments; however, there are many exceptions to this general rule. For more information on what you can consent to as a resource parent, see page 8. For more information on your foster child's medical coverage, see pages 9 and 10.

## How do I receive mileage reimbursements and clothing vouchers?

Part of your monthly maintenance payment is intended to cover such costs. Children will also receive a yearly clothing allowance. Transportation costs will be paid at the current state mileage as of the date of the trip. For more information on reimbursement and vouchers, find page 6 of this handbook.

## If I work, can a foster child be in child care?

You may ask for child-care services if there is a valid need. Child care is also available if it is in support of a child's case plan and/or written service agreement. **Our staff must authorize child care to a DSS-compliant, child-care provider.** Child care must be authorized for one full year. Both the resource parent and child care provider will receive an Authorization Notice when the child has been authorized for child care. For more information on child care service, please see page 22.

## Are there any local support groups for resource parents?

There are several statewide newsletters for resource families of Missouri depending on where you live. Contact your local Foster Care Association Board for more information about these. There are also groups and organizations you might be interested in joining listed on page 32 of this handbook.

## How do I receive my maintenance payment?

We recommend direct deposit to avoid delays in receiving payments. The form, CD-122, is located at Children's Division E-Forms [dssweb/cs/forms/](https://dssweb/cs/forms/). Search for CD-122 in the search bar to find the application in Spanish or in English.

## What if my foster child damages my home or property?

In such instances, notify the child's case manager immediately, so you can discuss how to proceed, including filing an incident report with local law enforcement. Also, check with your insurance agent on homeowner's coverage. For more information on emergency information and behavioral management, turn to pages 16-17 of this handbook.

## Are there any tax breaks for resource parents?

Resource parents may be eligible for tax benefits worth, in some cases, several-thousand dollars. Certain tax benefits help low-income families, while some can aid middle- and even high-income families. **Resource families should meet with a tax advisor or the IRS to discuss which tax benefits apply to them.**

# Your Maintenance Payments



We understand payment is important for you to care for your family, including your foster children. The maintenance reimbursement is a monthly payment to offset the cost of room and board, incidentals, and clothing for the child. If a child is not in your home for the entire month, payments are prorated for the number of nights the child spent in your home.

You can find the current standard reimbursement rate in the Child Welfare Manual at [tinyurl.com/MaintenanceFigures](https://tinyurl.com/MaintenanceFigures) (Section 4, Chapter 12.8). Direct deposit is available to avoid delays in receiving payments. The form, CD-122, is located at Children's Division E-Forms [dss.mo.gov/cd/info/forms/](https://dss.mo.gov/cd/info/forms/).

## Infant Allowance

In qualifying placement types, a child between 0-36 months old is eligible for an additional \$50 per month to help meet infant-specific needs, such as diapers, formula, clothing, and supplies.

## Clothing Allowance

Part of your monthly maintenance payment is intended to cover such costs. Children will also receive a yearly clothing allowance. To use this allowance, call the child's case manager to see how much money is available to the child. Beginning July 1, 2021, foster children are eligible for the following clothing allowance rates:

0-5 Years	6-12 Years	13+ Years
\$320	\$400	\$700

## Mileage Reimbursement

You can apply for mileage reimbursement for transportation costs as outlined in the [Child Welfare Manual, Section 4 Chapter 12 subsection 8](#). The Travel Expense Log, CD-106, must be completed and submitted to the Children's Division **within 30 days** of the month the trip occurred. You can find the Travel Expense Log at [dssweb/cs/forms/](https://dssweb/cs/forms/) and searching "CD-106" in the search bar. Transportation costs will be paid at the current state mileage as of the date of the trip.

For more information on reimbursement, visit [tinyurl.com/MaintenanceReimbursements](https://tinyurl.com/MaintenanceReimbursements)

## Overpayment/Underpayment of Maintenance Costs

If at any time you receive the incorrect amount of money, it is important you notify your local Children's Division office **immediately**, so we can correct the payment. If you are paid too much, we must recover the extra from you. Please review your check each month for accuracy, as we realize an unexpected reduction in your check could cause a hardship.

# Foster Parent Rights & Responsibilities

1. Foster parents are colleagues in the child-welfare team and are to be treated as such. Likewise, foster parents shall treat the children in their care, the child's birth family, and members of the child welfare team in a manner consistent with their ethical responsibilities as professional team members.
2. You shall be provided with regularly scheduled opportunities for pre-service training and opportunities for pertinent in-service training, as determined by the Missouri State Foster Care and Adoption Advisory Board and all pertinent information regarding your foster child.
3. The Children's Division shall arrange preplacement visits, except in emergencies. Furthermore, the foster parents may ask questions about the child's case plan, encourage a placement, or refuse a placement without reprisal from the case worker or agency. After a placement, the Children's Division and its contractors shall update the foster parents as new information about the child is gathered.
4. You will be informed of and able to participate in all team meetings and staffing concerning your licensure status or of children placed in your home.
5. You will have accessible respite care for children in foster care for short periods of time, jointly determined by foster parents and the child's caseworker.
6. All information provided to you about your foster child's case is confidential, unless necessary for the child's health care, schooling, or welfare team.
7. You will make decisions about the daily living concerns of the child
8. You are permitted to continue the practice of your family values and routines while respecting the child's cultural heritage, cultural identity, and needs. You will receive cultural training, including information on skin and hair care, religious or cultural practices of the child's biological family, and referrals to community resources for ongoing education and support.
9. Corporal punishment is not permitted. The purpose of discipline is to teach and direct the behavior of the child and ensure it is administered in a humane and sensitive manner.
10. Except in emergencies, you are given two weeks notice and a written statement of the reasons before a child is removed from your care. When requesting removal of a child from your home, you must also give two weeks notice to the child's case worker, except in emergency situations.
11. If requested, you will receive information about the child's progress after they leave foster care.
12. If a child re-enters the foster care system and is not placed in a relative home, the child's former foster parents will be given first consideration for placement of the child.
13. If a child becomes free for adoption while in foster care, the child's foster family will be given preferential consideration as adoptive parents.

# Your Consenting Rights



**Sign all forms with “Your name, resource parent for CD.”**

Do not sign any forms promising to pay any bills or pay for any medical care, as CD cannot guarantee reimbursement to you.

## **As a resource parent, you may consent to:**

- Public school registration
- Initial evaluation and placement for special education and related services
- Making/changing class schedule
- Absence from school
- Participation in extracurricular activities
- School meal programs
- Routine medical/dental checkups
- Short-term inter-county travel
- Application for worker’s permit and releases
- Initiate screening test for developmental disabilities
- Mental health assessments

## **You must discuss the following with the child’s worker before proceeding:**

- Release of school or mental health records to a third party
- Psychiatric/psychological evaluation or outpatient treatment
- Photographs taken for publicity purposes or media promotions
- Emergency routine surgery or major medical testing/procedures
- Enlistment in armed forces or Job Corps
- Marriage
- Registration in special schools
- Application for driver’s training permit and license
- Interstate/international travel
- Examination by law enforcement or
- Religious ceremonies (baptism, confirmation, etc.)

Some of the above will require birth parent approval, Family Support Team approval, or a court order. If you have questions, please contact your worker.

You will also be required to complete the following training on Reasonable and Prudent Parenting Standards: [tinyurl.com/ReasonablePrudentParenting](https://tinyurl.com/ReasonablePrudentParenting). This basically means that the decisions you make regarding the child’s activities (extracurricular, enrichment, cultural, and social) are in their best interest with consideration of their health, safety, and development.



# MO HealthNet & Managed Care

All of Missouri's foster children are eligible for physical and behavioral health care services through Missouri Medicaid (MO HealthNet). Most children will get their coverage through a MO HealthNet Managed Care health plan. Foster youth are able to get physical health services and behavioral services. Other services may be available through community resources (ex. the Health Department). Some of the services covered through Medicaid include:

- Physicals
- Developmental and mental health screenings (also called EPSDT)
- Vaccinations
- Laboratory tests
- Lead tests
- Prescriptions
- Vision and dental services
- Hearing screens and related services
- Emergency services
- Mental health and substance abuse services

Children with health care coverage through Medicaid will need to choose a primary care provider (PCP). This provider can be a doctor, a nurse practitioner, or a clinic in your Managed Care health plan. If the child has a chronic illness, their primary care provider may be a specialist. If the child already has a primary care provider, you are encouraged to continue using them, if possible, since they will be familiar with the child's medical history.

If the child gets sick, you are encouraged to call their primary care provider unless it is a true emergency. In an emergency, go to the nearest hospital or call 911. If the child needs a specialist, their primary care provider may provide a referral for you.

You will get a packet of information about the child's health care coverage and their Managed Care health plan. These packets will include information on the health plans, how Managed Care works, and the types of services covered. The child should also have a MO HealthNet ID card and Managed Care health plan card. Please keep these cards with you at all times. You will need to present them at every appointment.

If the child placed in your home does not have a Managed Care health plan, please call **800-392-2161** for answers. If the child would like to opt out of Managed Care, please visit [tinyurl.com/ManagedCareOptOut](https://tinyurl.com/ManagedCareOptOut) for more information.

# Initial Placement

Having a child placed in your care is a big day. Be sure to collect the caseworker's name and contact information at the time of placement. You will get the following forms from the child's caseworker:

- A letter stating the child has been placed in your home by the Missouri Children's Division
- Permission to get regular medical and dental care
- Child/Family Health and Developmental Assessment Form-general background information (CW-103)
- A MO HealthNet card or Title XIX Verification Letter, IM-29

Children entering foster care are at higher risk for emotional and behavioral disturbances. You should get the child's available medical history at the time of placement or as soon as it is available. Once a child is placed in your care, you are responsible for making required medical appointments and updating the Child/Family Health and Developmental Assessment Form, CW-103. Annual dental exams are also required for all children in foster care. Please contact the child's MO HealthNet or Managed Care health plan for more information about these services.

All children should receive an initial health examination within 24 hours of coming into care. A full Healthy Children and Youth (HCY) Assessment, drug and alcohol screenings, developmental screening, and mental-health screening must be completed within 30 days of custody. In addition, children under 10 years old must receive a broad-physical, developmental, behavioral, and emotional screenings within 30 days of coming into care and every 6 months thereafter as long as the child remains in care. Any identified areas of need should be addressed as soon as possible.

All Missouri foster youth are eligible for physical and behavioral health care services through Missouri Medicaid (MO HealthNet). Most children will get their coverage through a Managed Care health plan. If the child placed in your home does not have Managed Care, please call **800-392-2161** for help.

Sign all forms as follows: **Your name, Resource Parent for the Missouri Children's Division**. Do not sign any forms promising to pay any bills or pay for any medical care, as the division cannot reimburse you.

## Psychological Evaluation

If a more extensive evaluation is needed, a psychological evaluation may be necessary. Results may obligate schools to provide more specialized services.

## Medication Management

Medication management is one of the most important aspects of caring for a child who requires medication to control medical and/or psychological conditions. You must:

- Ensure the medication is taken on time and in the exact amounts prescribed
- Understand the expected effects and potential side effects of the medications



**Do not withhold a medication or change the dose without the doctor's approval.**

# Questions to Ask During Placement

1. What is the child's name? Birth date? MO HealthNet number?
2. What is the worker's name? Phone number at work? Home number?
3. What is the Supervisor's name? Phone number at work? Home number?
4. Do you have a placement packet?
5. What happened to the child today?
6. What is the family situation? Where are the parents? Are there brothers and sisters? Where are they? What community are they from?
7. Why is this child being placed? Has the child been placed before? Can we contact the previous provider?
8. Where did the child attend school/preschool?
9. When is the first Family Support Team Meeting?
10. What is the child's legal status?
11. Is there a court date scheduled?
12. What was the nature of the abuse/neglect?
13. Does the child have a therapist?
14. Is the child on a special diet? Are there any food allergies? If the child is on formula, what kind?
15. Has the child had a physical? What is the child's physician's name?
16. Is the family visiting? When is the next parent/child/sibling visit? Is there extended family?
17. What kind of behavior is this child exhibiting?
18. Does this child wet the bed? If so, what steps have been taken?
19. When is the best time to reach the child's case manager? When will they be contacting you next?
20. Are there any precautions which should be taken regarding the safety of the child?

**NOTE:** There are some instances when the child's worker doesn't have all of or any of this information. In cases where children are abandoned, even the most basic information, like the child's name, might not be known. As information becomes available it should be shared with you, or vice versa. Don't hesitate to call the child's worker when you have questions or when your foster children gives you information about themselves.

# Adverse Childhood Experiences (ACEs)

Children in foster care may exhibit a range of behaviors that do not make sense to you. You will be provided information about the child's medications, diagnoses, and other characteristics. While common issues include development disabilities, Attention Deficit Hyper-Activity Disorder (ADHD), or Fetal Alcohol Spectrum Disorder (FASD), children in foster care are also more likely to have adverse childhood experiences due to their histories.

In the CDC-Kaiser study, a correlation was found between Adverse Childhood Experiences, commonly known as ACEs, chronic stress levels that physically alter the mind and body, and higher risk for violence, chronic health problems, mental illness, and substance abuse in adulthood. The more ACE's a person has, the more likely they are to experience negative effects due to stress and trauma. ACEs that are common among foster children are:

- Abuse and neglect, which can be physical, emotional, psychological, or sexual in nature
- Household dysfunction the child is directly exposed to but not necessarily the subject of (This can include exposure to the mental illness of a caretaker, sibling, or someone else they live with, substance abuse, parental divorce, an incarcerated relative, or witnessing one caretaker abusing another.)

Other ACEs include community and environmental ACEs, such as racism, bullying, and community violence. Whether or not there is a correlation with foster care, these types of ACEs create the same biological changes in children because of stress and trauma.

## How to Help Prevent ACEs

By the time a child reaches your home, we are already on track to prevent more ACEs from occurring and helping the child heal from the ones they've already experienced. Ways you can help include:

- Promoting healthy conflict resolution and teaching that violence is not the answer
- Promoting healthy relationship skills, including healthy boundaries and attachment
- Connecting the youth with other caring adults, activities, and community organizations for support

## The 10 ACEs



### Abuse

1. Physical Abuse
2. Emotional Abuse
3. Sexual Abuse

### Neglect

4. Physical Neglect
5. Emotional Neglect

### Household dysfunction

6. Mentally Ill family member
7. Incarcerated relative
8. Substance Abuse in Family
9. Violent household
10. Divorce in household

*\*More ACEs have been identified and accepted over the years*



# Attachment and Trauma

There are many reasons a child might develop attachment issues, and not all of them are things a parent can necessarily control (ex. premature birth, postpartum depression in the mother, separation from mother, abuse and neglect, hospitalizations, unresolved pain, etc.). Regardless of the cause, these children learn from infancy the world is scary and they can't trust others to meet their needs. This learning takes place at an instinctual and biochemical level, so it is not easily reversed or treated.

Please be aware the following is for informational purposes only. Not all children in foster care will display these behaviors and this behavior is not only displayed in foster care populations, but it is important to be aware of them so you understand the child more and respond appropriately if needed.

## The Four Types of Attachment

There are four types of attachment: **Secure, Avoidant, Ambivalent, and Disorganized**. Of these four types, only one is positive — secure attachment. The other three types of attachment — avoidant, ambivalent, and disorganized—are all negative forms of attachment. Some characteristics in one type might be the exact opposite behavior expected of another type. To avoid confusion or broad generalizations, we will discuss the attachment types below:

**Secure attachment:** This healthy attachment style is characterized by a sense of autonomy, a willingness to explore, successful interactions with peers, fewer conflicts with parents, less aggression, and less anxiety overall. Children who have secure attachment are willing to separate from their parents and explore, but they will still turn to their parents for comfort and to alleviate fears. All children will struggle to some degree in many of these areas, but children with healthy, secure attachment are more likely to overcome such struggles, they tend to be less pervasive, and they would only have trouble in one or two areas.

**Ambivalent Attachment:** These children tend to be extremely suspicious of strangers. They are extremely distressed when separated from a parent or caregiver but do not seem reassured or comforted by the return of the parent. In some cases, the child might even reject the parent by refusing comfort, or may openly display aggression toward the parent upon their return.

**Avoidant Attachment:** This attachment style is characterized by indifference toward parents and caregivers. This often becomes especially pronounced after a period of absence. They might not reject attention from a parent outright, but they don't seek comfort or contact. Children with an avoidant attachment show no preference between a parent and a complete stranger.

**Disorganized Attachment:** These children often show a lack of clear attachment behavior. Their actions and responses to caregivers are often a mix of behaviors, including avoidance or resistance. These children are described as displaying dazed behavior, sometimes seeming either confused or apprehensive in the presence of a caregiver. As the child reaches 5 or 6 years old, they might start taking on a parental role or even act as the caretaker of their parent.

# Attachment



Children in foster care may have attachment issues because of traumatic separations and losses or from histories of abuse and neglect (or both). Children who have attachment issues can develop clinical detachment disorders and carry various unhealthy attachment styles with them into adulthood. To help them develop positive attachment:

- Respond warmly when the child is able to interact positively with you
- Engage in activities the child likes to bond with them over their interests

The goal is to teach them that positive interactions and building trust are rewarding and fulfilling behaviors.

## Effects of Attachment Issues

It is important to be aware that children with attachment issues might act differently around different people. They are often charming and delightful around people they don't know very well, but oppositional with their care givers. As the child grows more comfortable with you, their behaviors might change, and this is not necessarily your fault. All you can do, as a resource parent, is provide unconditional love and support and slowly impress upon the child that they can trust you.

Although this behavior can certainly be stressful as a care giver, remember the child is just trying to cope with adverse childhood experiences in the only way they know how. All children are unique and will behave differently. All we can do is try to support their healing and redirect their behavior.

# Trauma



Trauma is common among foster and adoptive children, and its effects will often manifest once they are removed from the traumatizing environment. Trauma interrupts wellbeing and creates significant barriers to overall adjustment. Being trauma-informed is foundational to Children’s Division work, so we can better help and understand children with traumatic histories.

Trauma can physically alter a child’s brain structure and limit functioning abilities like learning, attachment, or emotional and behavioral regulation. This is because the brain’s energy is focused on basic survival and safety functions. This means the brain cannot focus on thriving, often leading to anxiety and depression. Not only can trauma affect a child’s relationships and interpretation of reality, but historical and intergenerational trauma can impact their worldview. However, trauma does not have to control a person’s future. To help children who have experienced trauma, be sensitive to the five core principles of trauma-informed care:

1. **Safety:** Ensure physical and emotional safety — this means helping the child understand they are safe and help them cope with any fears or anxieties
2. **Trustworthiness:** Set clear tasks and expectations, and maintain appropriate boundaries
3. **Choice:** Prioritize developmentally appropriate choices and control to help with autonomy
4. **Collaboration:** Collaborate and share power with children, youth, families, and adults
5. **Empowerment:** Prioritize child, youth, family, and adult empowerment and skill-building and understand their histories, perceptions, and needs and partner with them in planning their future

# Behavior Management

Due to past trauma, some children in foster care may have behavioral issues that could come up while in your care. One effective way to manage behavior is to plan fun, safe and developmentally appropriate activities. Over time, you will learn how to redirect behavior and ensure safety.

## What if something bad happens?

Although we never expect something bad to happen, it is very important to determine a plan to both **prevent** a major problem and **prepare** for emergencies, so you know how to respond right away. Before you take the child into your care, be sure that you have the following emergency contacts available to you:

- The child's case worker
- The child's primary doctor or pediatrician
- 911

The child's safety should always be your first priority, but after you've made any emergency phone calls, your next call should be to the child's case worker to let them know what is happening.

## Are there basic rules for behavior?

Most day-to-day rule setting comes down to what **you and the child's case worker decide is best**, but please see page 17 and 18 for expectations of children in state custody. Overall, consistency helps keep kids on track. Try keeping them on a familiar schedule and talk to the case worker about what you might expect. The child's "Information on the Child" form could also be useful for setting expectations. It's also important to note that you may set different rules for different kids in the home, and that is okay. Every child's situation is different, and being flexible helps you care for them more effectively.

## When do problems generally occur?

Again, every child is different, but it is common for them to struggle with transitions like dinner, bed time, waking up, going to school, or leaving the house. Keeping children on a schedule can help them prepare for and transition more successfully during these periods. Please refer to page 18 of this handbook for more information about transitions and tips to help with them.

## What behavior management techniques are prohibited?

**Corporal punishment is strictly prohibited**, as it could have adverse effects on children, especially those with histories of trauma, abuse, or neglect. The goal of behavior management should be to encourage positive behavior and reward positive outcomes. Try rewarding a child when they take positive steps in managing their behaviors or removing privileges (like access to TV, phones, games, etc.) to show that there are consequences to actions.



# Tackling Transitions



Establishing a routine is a great way to help children deal with transitional periods like dinner time, getting dressed, bed time, going home for the day. Using simple language and short sentences helps, too. The following information is advice from *Parents Magazine* about tackling transitions:

## Give Advance Warning

A lot of parents will give their children a 5- or 10-minute warning before moving on to the next activity. While this might help older children transition, for young children, start preparing them well before it is time to go. Try setting a timer for 5 minutes before you want to leave or you want your child to get ready. Then, when the bell goes off, reiterate that it's time to switch tasks.

## Offer Choices

Offering children options gives them a sense of autonomy. It is important to make sure the choices are not whether to comply, but how to comply. For example, don't ask a child if they want to put their shoes on if the answer "no" isn't an option. Instead say, "Do you want to wear shoes or sandals?"

## Avoid Making Threats

Counting down (ex. "If you're not on your feet by the time I count to 10... ") or threatening a time-out doesn't work for some children because they feel defensive. Try to remain calm and offer choices instead.

## Get Down On Their Level

For young children, try getting down on one knee and lowering your voice to a whisper. Tell them softly what you would like them to do. This method can be surprisingly effective, but if you are still being met with defiance, try offering choices.

# Rules & Expectations

## Smoking & Tobacco Use

It is unlawful for a person under the age of 18 to smoke cigarettes or chew tobacco. Resource parents are expected to restrict children from smoking and chewing tobacco. It is also against the law to purchase cigarettes or chewing tobacco for a person who is under the age of 18. Protecting Foster Youth From Secondhand Smoke Exposure is a required training and can be found at [dss.mo.gov/cd/](https://dss.mo.gov/cd/).

## Haircuts

This can often be a sensitive topic when a child enters foster care. Resource parents should be sensitive to the birth parents' feelings and should not make any significant style or length changes without first discussing with the family. Youth should be able to express their desires regarding their hairstyle and changes they would like to make.

## Driving

Children in foster care should get permission from the agency (and the local Juvenile/Family Court, if necessary) before getting a driver's license. Missouri law and CD require that children who drive have liability insurance. Foster children must have written consent from CD (and the local Juvenile/Family Court, if necessary) to own a car.

## Body Piercings & Tattoos

Children in foster care must have written permission from their birth parent before having a tattoo or piercing done, including **ears**, unless they are 18 or older. There are no special funds to cover this expense.

## Recreation

Resource parents are expected to provide opportunities for social and physical development through recreation and leisure time activities.

## Religion

Foster children are allowed to practice the religion of their choice if it is not dangerous to the child's physical, mental, or emotional health. Resource parents are expected to offer the opportunity for religious education and attendance of services compatible with the child's heritage. You must get permission from the birth parent for a child to participate in any religious ceremonies (baptism, confirmation, etc.). If you have any questions regarding this issue, contact the child's case manager.

## Travel

Permission from the court may be required if the child will be leaving your residence for more than 72 hours. If anyone other than the resource parent will be caring for the child for more than 24 hours, the case manager must be informed and approval must be granted. If you travel outside Missouri and your foster youth needs medical attention, it is important that the attending medical provider call the number on the back on the foster youth's insurance card to make sure the youth's insurance will cover the medical expenses prior to treatment.

# Rules & Expectations

## Employment

Young adults who would like to find a job should discuss it with their case manager before they report to work. Employment cannot interfere with school work, study periods, play, sleep, normal community contacts, or visits with their family. The youth will not be allowed to operate dangerous equipment or machinery unless adequate safety equipment and proper adult supervision are provided.

Minors younger than 14 are not allowed to work anywhere at any time (with few exceptions). A 14-year old can get a work permit through their school which allows them to work after school. Generally, they are not allowed to work more than three hours on any school day. Work hours cannot begin before 7 a.m. or end after 9 p.m. Minors are not allowed to enter into any work that is considered dangerous.

## Birth Control & Pregnancy

Foster youth receive sexual health education from their case worker, including information on sexually transmitted diseases and birth control appropriate to their age and physical and emotional maturity. The worker should make extensive efforts to involve the child's doctor in sexual health decisions and encourage youth to discuss these matters with their parents when circumstances allow. All efforts to comply with this policy must be clearly documented in the record. Directives given by the Court to handle birth-control consent or sexual-health decisions contrary to this policy should be followed and documented in the record.

If a youth becomes pregnant while in foster care, all efforts should be made to ensure complete prenatal care is received. In addition, the court of jurisdiction will be notified by the case manager. The child's case manager should refer the young adult to the appropriate persons for information and resources needed to explore her options. The youth should make an informed decision without undue influence and/or coercion by the Missouri Children's Division, the resource parent, or biological parents. If the young adult elects to give birth and care for the infant, every effort must be made to keep the mother and infant together.

## Drug & Alcohol Use

Adolescents often experiment with drugs and alcohol and should be provided with education about its consequences, especially if they come from an alcohol or drug-addicted family environment. Consult with the child's case manager about appropriate services. Alateen is a teen group similar to Al-Anon. These support groups help teens manage their relationship with a parent who has problems with alcohol. For more information, visit [al-anon.org/newcomers/teen-corner-alateen/](http://al-anon.org/newcomers/teen-corner-alateen/)

# Caring for Infants & Toddlers

## Infant Allowance

In qualifying placement types, a child between 0 -36 months old is eligible for an additional \$50 per month to help meet the additional infant-specific needs, such as diapers, formula, clothing, and supplies.

## Women, Infants and Children (WIC)

WIC is a nutritional education program that also provides supplemental foods to promote good health. It is administered through the Missouri Department of Health and Senior Services. **Most foster children under the age of 5 automatically qualify for WIC services.** You can receive free vouchers for baby formula, cereal, eggs, milk, peanut butter, juice and other nutritional foods to meet a child's individual needs. WIC will also weigh and measure your child, check for low iron in his/her blood, make referrals for medical care as needed and provide a dietitian to help with any nutritional concerns.

## Safe Sleep Practices

Unintentional suffocation is a leading cause of injury and death for infants and toddlers. Most infant deaths due to suffocation are directly related to unsafe sleep practices. The Children's Division adopted Safe Sleep recommendations as identified by the American Academy of Pediatrics, which include making sure babies are put to sleep alone, on their backs, in a crib. Children's Division staff will discuss the Safe Sleep Practices form, CD-117, with resource parents during the initial home visit. All resource parents, including respite providers, will be asked to review and sign the Safe Sleep Practices form at each license approval and renewal.

## Missouri Child Passenger Restraint Law

This law requires that:

- Any child less than 4 years old regardless of weight is to use an appropriate child-passenger-restraint system; Missouri law requires all children under the age of 4 to be secured in an approved child safety seat. The child should stay in a rear-facing child safety seat until 12 months of age and 20 pounds.
- Any child less than 40 pounds regardless of age is to be secured in a child-passenger-restraint system appropriate for the child.
- Any children (ages 4-7) and who weigh at least 40 pounds but less than 80 pounds and are less than 4'9" tall must be secured in a passenger-restraint system or booster seat appropriate for that child.
- Children who are at least 80 pounds or children taller than 4'9" shall be secured by a vehicle safety belt or booster seat appropriate for that child.

This act allows a child to be transported in the back seat without a booster seat, if the child is secured with a lap belt if the vehicle is not equipped with combination lap and shoulder belt for booster seat installation. All other passengers must wear a seat belt.



# More on Infants & Toddlers



## First Steps

This is a program for children from birth to age 3 who have delayed development or diagnosed conditions associated with developmental disabilities. First Steps provides family-centered, early-intervention services based on the needs of the child. The following services are provided through the First Steps program:

- Family training, counseling, and home visits
- Speech/language therapy
- Occupational therapy
- Health services
- Transportation services
- Nutrition services

Children can be referred to First Steps by calling the Regional Center for Developmental Disabilities (DD) or a Bureau of Special Health Care Needs office in your area. **For more information about Special Education, call 573-751-0187.**

## Head Start

This is a federal program for preschool children from low-income families. Children who attend Head Start participate in a variety of educational activities. They also receive free medical and dental care and have healthy meals and snacks. Services are also offered to meet the special needs of children with disabilities. Most children in Head Start are 3-5 years old. Services are also available for infants and toddlers in selected sites. **For more information, contact your local Head Start program.**

# Child Care Services



Children in foster care are expected to go to licensed or contracted child care providers when child care is needed. These facilities must be licensed by the Department of Health and Senior Services, Section for Child Care Regulation, and must have a valid contract with DSS before care can be provided. Child care must also be authorized by the child's case manager prior to them attending.

You and the child care provider will receive an Authorization Notice when the child has been authorized for child care. If you do not receive an authorization notice, notify your worker immediately.

We encourage you to help choose the child care provider. When contacting providers, it is important they understand this is "Protective Services" child care. For this, they receive 25 percent above their base rate. The rate enhancement is child-specific. Payment for child care services are made directly to the care provider with a Child Care Vendor Invoice.

Child care providers are **prohibited** from charging you additional fees above the reimbursement paid by the Children's Division. Additional fees could include registration fees, co-payments, field trip fees, transportation fees, etc. Mileage costs related to transportation to and from child care are not reimbursable. Fees for late pick up of a child are the responsibility of the resource parent.

Your local Resource and Referral Agency can provide you with a list of licensed providers in your area. You may locate the agency in your area through Missouri Child Care Aware by calling **800-200-9017** or visiting [mo.childcareaware.org/](http://mo.childcareaware.org/).

## Short-Term Babysitting

Babysitting expenses incurred while a resource parent is attending in-service training as required to maintain the resource parent license is reimbursable at the rate of \$2.00 per hour per child. Contact the worker who maintains your license for more information about this reimbursement. This also covers the cost for babysitting services for the resource parent's biological children. The rate is the same.

# Respite Care



Think of respite care as your days off. It is the temporary, substitute care of foster children placed in your home. The respite plan should serve equally the needs of both the foster youth and the foster parents. Respite is designed to provide relief from the stresses of providing out-of-home care. The foster youth should use this for social activities and enrichment. Respite is a fun and rewarding time for foster youth, while their placement providers are off duty.

Respite is not for regular child supervision situations when a parent would normally use ordinary child care, like a babysitter for an afternoon or evening out or for attending foster parent training or seminars.

Resource parents receive 12 units of respite per year. A unit of respite care is between 12-24 hours. You may also use a half-unit of respite care. A half-unit is between 6-12 hours. Use of respite is not to exceed 12 units per child during a 12-month period. The 12-month period will begin on the date the child was placed in the your home and will reset on the anniversary date of the child's placement. Unused units for the previous 12-month period are not rolled over to the new 12-month period.

Respite care may be planned in advance or used in emergency situations. Respite care should be used to maintain stable placements **but should not be used to exclude foster children from ordinary and traditional family activities.**

As a resource parent, you are allowed to sign up to be a respite care provider.

To apply, visit [tinyurl.com/RespiteProviderBook](https://tinyurl.com/RespiteProviderBook)

# Family Visitation



Family visits are essential for reunification. Visits between a child and their parent and/or siblings should occur weekly or as frequently as possible to preserve the familial bond. Efforts should be made to include non-custodial parents in visitation.

Visits may vary in length, frequency, location, and they may be supervised. Visits should take place in the least-restrictive environment possible while still assuring safety and at a mutually agreed upon location. Visitation plans should be developed and discussed at each FST/PPRT meeting.

Resource parents are encouraged to help with the child's transportation or in some cases allow the birth parents to pick up, drop off, or even visit with the child at your home. This can help make the visits less stressful for the child. It also gives the birth and resource parents an opportunity to share information.

In some cases, visitation is difficult to arrange. In these cases, the child's case manager usually encourages other forms of contact, like letters or phone calls. Decisions about phone contacts are made on a case-by-case basis and as determined by the FST or Court.

To help the child prepare for visits, remain positive about the birth parents. Parental visits or contact can sometimes be stressful for the child. If your child displays different behavior after a visit, phone call, reading mail, or if they report something that concerns you, please share this information with the child's case manager.

It is a good idea to have plans to engage in a physical activity after a visit, as children are often confused or angry and the physical exercise gives them a healthy outlet. Also, if the parent does not come to the visit, the child still has something positive to look forward to.

## **Child & Placement Provider visits**

The child's case manager will make visits to your home to discuss the child's progress and safety, case plan, and any other treatment issues. The case manager should meet with you and the child the next business day following placement. The worker must then meet with you and the child at least once a month to monitor and assess the safety of the child. These meetings may occur at the same time the worker meets with the child. However, you and the child should be seen individually and together. Both announced and unannounced visits should be made.

It is also important to remember your licensing worker will make quarterly home visits to discuss any issues you or the Children's Division may have and any training needs.



# Education



## Advocating for Education Services

Many foster children will be behind their peers in school due to neglect, physical, emotional, or environmental factors. Sometimes there are multiple issues that will require extensive support services. Schools are required to evaluate children's academic, developmental, and social abilities and provide timely services that meet the child's needs. If any special needs are identified, the school district must provide services to meet those needs.

Often, mental health or psychological evaluations may obligate schools to provide certain services in the least restrictive environment based on the child's needs. If at all possible, the child should remain in the regular classroom. If you need any help advocating for services within your school district or have questions about what services are available for your child, **call M-PACT (Missouri Parents Act) at 800-743-7634.**

## Tutoring

When a child's school performance suffers, it should be brought to the child's case manager and FST's attention. Tutoring might be recommended, and there may be avenues to fund this, like certain community and school resources that offer free tutoring. Contact the school to see if services are available in your area.

## School Lunches

All children in foster care are eligible for free school lunches through the School Lunch Program. Contact your child's school for an application. On the application form, list them as a "Household of One." The monthly income box should reflect the child's maintenance rate. Remember that special care should be taken not to make the child feel awkward about receiving a free lunch. Contact the school if you are concerned about the handling of its lunch program.

## Parents as Teachers

Parents as Teachers (PAT) is a parent education and family support program serving families throughout pregnancy until their child enters kindergarten. The program is designed to both enhance a child's development and school achievement through parent education, and make referrals appropriate. This program is accessible to ALL families.

For more information or to enroll in the program, call your local school district or the Parents as Teachers National Center toll-free at **866-728-4968.**

# Family Support Team Process



When a child is placed with you, a Family Support Team is formed to help safely reunite the family, if possible. The Family Support Team includes:

- You and the foster child, if they are 12 years or older
- Your Children's Division case manager
- The court and any attorneys
- Your foster child's biological parents
- Your child's Guardian Ad Litem (GAL) or Court Appointed Special Advocate (CASA)
- Any other service providers (therapists, parent aides, etc.)

The Family Support Team will usually meet for the first time within 3 days of your child coming into your care to help develop a treatment plan for the parents and a visitation plan. Often times, this plan will ask that you participate in counseling or get other helpful services to strengthen and support your family. The Family Support Team will continue to meet regularly throughout the time your child is in care, typically with meetings planned around court timeframes.

The Family Support Team will also meet 30, 60, and 90 days after the child is placed in care and then every 6 months from that point forward. They will also meet any time the child's placement changes or needs to be changed. The point of these meetings is to review your plans and discuss progress, additional concerns, or changes that need to be made, if the child is unable to safely return home within 30 days.

There are two additional plans the Family Support Team must create and revise as needed while the child is in your care. These are called permanency plans and concurrent planning.

# Permanency Plans

The main goal of a permanency plan is to get the child to a permanent, safe home. Every 6 months, there will be formal review process with the biological family, the child, and an independent third party. This review is called a Permanency Planning Review Team (PPRT) Meeting. Permanency options include:

## Reunification

This is achieved when the juvenile court determines children can safely return to their biological families. This is the most common permanency goal. The Family Support Team will recommend reunification to the court when progress has been made and going home is considered the best plan.

## Guardianship

When a child is placed with a relative or kinship care provider, this is called guardianship. Guardianship means the relative or kinship providers are given legal custody of the child through the court, but the biological parents do not have to give up their parental rights. The guardian would have the legal rights of a parent to make decisions for the child but, if their circumstances change and the biological parents believe they can provide for their child again, they can petition the court to regain custody.

## Adoption

This is only an option if parental rights are terminated. Adoption may become the permanency plan if it is clear that the child will not be able to safely return home and guardianship is not an option either. Once parental rights have been terminated, the parent will no longer have any legal rights or legal relationship with their child, and they would not be able to get their parental rights back at any time.

## Placement with a fit and willing relative

This is not a legally final permanency option, and annual permanency hearings will need to continue until the court determines a legally final permanency option or the child reaches the age of 21. This placement option does not prevent adoption or guardianship from becoming an option. If the child is with a relative who wants to care for the child long-term, adoption and guardianship should still be explored since they are more permanent.

## Another planned permanent living arrangement

This may be the best option when there is a specific, long-term placement for the child and it has been documented to the court that compelling reasons exist which make the other permanency options unacceptable. According to Adoption and Safe Families Act (ASFA) regulations, examples of compelling reasons include an older youth requesting emancipation or when there is a significant bond, but the parent cannot care for the child due to disability.

# Concurrent Planning



The concurrent plan is basically a backup plan if the primary permanency plan is no longer an option or falls through. For example, the primary plan may be for reunification, but the concurrent plan might be for guardianship with the relative care provider. The Children's Division requires that a concurrent plan is discussed at each Family Support Team meeting, so the team can then align their focus toward the backup plan if needed to make sure the child finds a permanent home as quickly as possible.



# Court Information



The court removes children from their homes, approves the permanency plans and visitation schedules, and decides if a child can safely return home or if termination of parental rights will be granted. Juvenile/ Family Court, in most cases, does not initiate actions; rather, its role is to wait until another agency or individual refers a case of possible child abuse or neglect to it for action.

The court is a big deal and might be overwhelming and confusing to the child, and they might fall back to you for guidance and support. Your foster child might want you to attend court with them for comfort, support, or transportation purposes. You are welcome to attend, if your foster child wishes, or offer them support by offering to go with them to help.

Foster, relative, and kinship providers have the right to receive notice of court hearings held with respect to children in their care. In addition, you have a right to be heard in any such proceeding.

The Juvenile Court has exclusive jurisdiction over children less than 17 years old. In cases where a child has been determined to be abused or neglected, jurisdiction can be extended to children over 18 years of age. Once the Juvenile Court has asserted jurisdiction, the court may retain jurisdiction until the child has reached 21 years old.



# Hearing Types & Time Frames



## **Protective Custody**

This hearing is held within 72 hours of a child being taken into care to decide if removing them was appropriate and if the child(ren) should stay in the temporary custody of the Children's Division.

## **Adjudication Hearing**

This hearing is held within 30 to 60 days of a child entering care and is an evidentiary hearing on whether the allegations leading to the child's removal are true. The adjudicatory hearing determines if the child (ren) will be placed in the legal custody of the Children's Division and will no longer be in temporary custody.

## **Dispositional Hearing**

This hearing must be held within 90 days of a child's removal from home to determine the child's permanency plan. This hearing may be held immediately after the adjudication hearing.

## **Dispositional Review Hearing**

This hearing should be held within 90 days of the Dispositional Hearing and may be held as often as needed to determine the appropriate permanency plan for the child. These hearings will stop only when the Permanency Hearing has been held.

## **Permanency Hearing**

This hearing must be held within 12 months of the child entering care. This hearing determines the permanency plan for the child and if the Children's Division has made reasonable efforts to finalize this permanency plan. This hearing must be held annually.

## **Permanency Review Hearing**

This hearing may be held as often as is necessary, at least every 6 months following the Permanency Hearing. The purpose of this hearing is to determine if the permanency plan in place is the most appropriate option for the child and whether the Children's Division has made reasonable efforts to finalize the plan.

# Continual Training



Information and practices for child care are always evolving. As a resource parent, you are required to get an **additional 30 hours of in-service training for license renewal**. Check with your local licensing worker for opportunities to get these hours in your area.

## Required in-service training

- Protecting Foster Youth from Secondhand Smoke Exposure
- Reasonable and Prudent Parenting
- Foster Care Bill of Rights
- Psychotropic Medication Management annual training
- CPR/First Aid
- Informed Consent
- HIPAA

In-service training courses that are required during the first two years of licensure include:

## First year

Cardio Pulmonary Resuscitation, CPR, three hours training credit

First Aid, three hours training credit

Health Insurance Portability, HIPAA, one hour training credit

Trauma Care -3 training credit hours

Psychotropic Medications -1 training credit hour

Laws, policies, and procedures governing child welfare -5 training credit hours

## Second year

Healthy Relationships -2 training credit hours

Sibling Placement -7 training credit hours

# Foster Parent Support



Foster parents have many support organizations in Missouri. The following is a brief, but not complete, list of organizations working to help you.

## **The Adoption Exchange**

100 North Euclid, Suite 504

St. Louis, MO 63108

(314) 367-3343

Fax: (314) 367-3363

[adoptex.org/learn-about-us/locations/missouri](http://adoptex.org/learn-about-us/locations/missouri)

## **Central Missouri Foster Care & Adoption Association (CMFCAA)**

1119 Jefferson Street

Jefferson City, Missouri 65101

(573) 298-0258

[ccfosteradopt.com](http://ccfosteradopt.com)

## **Foster and Adoptive Care Coalition**

1750 South Brentwood Blvd., suite 210

St. Louis, Missouri 63144

(314) 367-8373

1-800-FOSTER3

Fax: (314) 241-0715

[foster-adopt.org](http://foster-adopt.org)

## **National Foster Parent Association**

7512 Stanich Lane #6

Gig Harbor, WA 98335

(253) 853-4000 or (800) 557-5238

Fax: (253) 853-4001

[info@NFPAinc.org](mailto:info@NFPAinc.org)

[nfpaonline.org](http://nfpaonline.org)

## **FosterAdoptConnect Headquarters**

18600 E. 37<sup>th</sup> Terr.

Independence, MO 64057

(816) 337-9423

[AmyG@Fosteradopt.org](mailto:AmyG@Fosteradopt.org)

# Disability Resources

## Advocacy and Legal Rights

### Dept. of Elementary and Secondary Education

Division of Special Education - Compliance

PO Box 480

Jefferson City, MO 65102

573-751-0699

[dese.mo.gov/special-education](https://dese.mo.gov/special-education)

### Great Plains DBTAC

100 Corporate Lake Drive

Columbia, MO 65203

800-949-4232

[gpadacenter.org](https://gpadacenter.org)

### Missouri Parents Act

8301 State Line Road, Ste. 204

Kansas City, MO 64114

800-743-7634

[missouriparentsact.org](https://missouriparentsact.org)

### Missouri Protection & Advocacy Services

925 South Country Club Drive

Jefferson City, MO 65109

800-392-8667 or 573-893-3333

[moadvocacy.org](https://moadvocacy.org)

### Office of Child Advocate

P.O. Box 809

Jefferson City, MO 65102

866-457-2302

[oca.mo.gov](https://oca.mo.gov)

## Assistive Technology

### Missouri Assistive Technology

4731 South Cochise, Suite 114

Independence, MO 64055

800-647-8557 or 816-373-5193

[at.mo.gov](https://at.mo.gov)

## Blindness & Visual Impairments

### Lions Business Opportunities

Jefferson City, MO

573-751-3369

### Missouri Council of the Blind

800-342-5632 or 314-832-7172

[missouricounciloftheblind.org](https://missouricounciloftheblind.org)

### Missouri Department of Social Services

Rehabilitation Services for the Blind

573-751-4249

[dss.mo.gov/fsd/rsb](https://dss.mo.gov/fsd/rsb)

### National Federation of the Blind

1800 Johnson Street

Baltimore, MD 21230

410-659-9314

[nfb.org](https://nfb.org)

### Prevention of Blindness Program

Jefferson City, MO

573-751-3428

### Wolfner Library for the Blind & Physically

Handicapped, Missouri State Information Center

PO Box 387

Jefferson City, MO 65102-0387

800-392-2614 or 573-751-8720

[sos.mo.gov/wolfner/default.asp](https://sos.mo.gov/wolfner/default.asp)

## Deafness & Hearing Impairments

### American Speech-Language-Hearing Assoc.

10801 Rockville Pike

Rockville, MD 20852

800-638-8255

[asha.org](https://asha.org)

### The L.E.A.D. Institute

311 Bernadette, Suite C

Columbia, MO 65203

573-445-5005

[deafinc.org/deaflead](https://deafinc.org/deaflead)

### MO Commission for the Deaf & Hard of Hearing

1103 Rear Southwest Blvd.

Jefferson City, MO 65109

573-526-5205

[mcdhh.mo.gov](https://mcdhh.mo.gov)



**Missouri School for the Deaf**

505 East Fifth Street  
Fulton, MO 65251-1799  
573-592-4000 or 573-592-2570  
[msd.k12.mo.us](http://msd.k12.mo.us)

**Developmental Disabilities****Developmental Disabilities Resource Center**

800-444-0821 or 816-235-1763  
[moddrc.org](http://moddrc.org)

**Independent Living Centers**

888-667-2117  
[mosilc.org](http://mosilc.org)

**Institute for Human Development (IHD)**

2220 Holmes Street, 3rd Floor  
Kansas City, MO 64108  
816-235-1770  
[ihd.umkc.edu](http://ihd.umkc.edu)

**Missouri Division of Developmental  
Disabilities Regional Centers**

[dmh.mo.gov/dev-disabilities/regional-offices](http://dmh.mo.gov/dev-disabilities/regional-offices)

**Missouri Planning Council for Developmental  
Disabilities**

P. O. Box 687  
Jefferson City, MO 65102  
800-500-7878 or 573-751-8611  
[moddcouncil.org](http://moddcouncil.org)

**UCP Heartland**

13975 Manchester Road  
Manchester, MO 63011  
636-227-6030  
[ucpheartland.org](http://ucpheartland.org)

**Education****MO Dept. of Elementary & Secondary Education**

PO Box 480  
Jefferson City, MO 65102  
573-751-5739  
[dese.mo.gov](http://dese.mo.gov)

**MU Dept. of Special Education**

[education.missouri.edu/SPED](http://education.missouri.edu/SPED)

**Employment****Division of Vocational Rehabilitation**

3024 Dupont Circle  
Jefferson City, MO 65109-0525  
877-222-8963 or 573-751-3251  
[vr.dese.mo.gov](http://vr.dese.mo.gov)

**Missouri Assoc. of Sheltered Workshop Managers**

PO Box 1161  
Jefferson City, MO 65101  
[moworkshops.org](http://moworkshops.org)

**Health conditions****Brain Injury Association of Missouri, Inc.**

10270 Page, Suite 100  
St. Louis, MO 63132  
800-377-6442 314-426-4024  
[biamo.org](http://biamo.org)

**Cleft Palate/Lip**

[cleft.org](http://cleft.org)

**Crohn's & Colitis Foundation of America**

386 Park Ave. South, 17th floor  
New York, NY 10016  
800-932-2423  
[ccfa.org](http://ccfa.org)

**Epilepsy Foundation**

4351 Garden City Drive  
Landover, MD 20785-7223  
800-332-1000  
[efa.org](http://efa.org)

**Huntington's Disease Society of America**

Peggy Cribbin, Development Coordinator  
8039 Watson Road, Suite 132  
Webster Groves, MO 63119-5325  
866-707-4372 or 314-961-4372  
[hdsa.org](http://hdsa.org)

**Spina Bifida Association**

4590 MacArthur Blvd., NW, Suite 250  
Washington, DC 20007-4226  
800-621-3141 or 202-944-3285  
<http://spinabifidaassociation.org>



## Learning Disabilities

**Center for Parent Information and Resources**  
[parentcenterhub.org](http://parentcenterhub.org)

**The Council for Exceptional Children**  
1110 North Glebe Road, Suite 300  
Arlington, VA 22201-5704  
888-232-7733  
[cec.sped.org](http://cec.sped.org)

**The International Dyslexia Association**  
Chester Bldg, Suite 382  
8600 LaSalle Road  
Baltimore, MD 21286-2044  
800-222-3123 or 410-296-0232  
[www.interdys.org](http://www.interdys.org)

**Learning Disabilities Association of America**  
[ldaamerica.org](http://ldaamerica.org)

**Parent Advocacy Coalition for Educational Rights**  
8161 Normandale Blvd.  
Minneapolis, MN 55437  
952-838-9000  
[pacer.org](http://pacer.org)

**Schwab Learning**  
Charles and Helen Schwab Foundation 1650 S. Amphlett Blvd, Suite 300 San Mateo, CA 94402  
650-655-2410  
[schwablearning.org](http://schwablearning.org)

**St. Louis Learning Disabilities Association**  
13537 Barrett Parkway Dr. Ste. 110  
Ballwin, MO 63021  
314-966-3088  
[ldastl.org](http://ldastl.org)

## Mental Health Services

**24-hour Crisis Hotlines**  
[dmh.mo.gov/media/pdf/aci-hotline-numbers](http://dmh.mo.gov/media/pdf/aci-hotline-numbers)

**Missouri Department of Mental Health**  
1706 E. Elm Street  
Jefferson City, MO 65101  
800-364-9687 or 573-751-4122  
[tinyurl.com/community-mental-health-center](http://tinyurl.com/community-mental-health-center)

**Missouri Statewide Parent Advisory Network**  
440 Rue St. Francois  
Florissant, MO 63031  
314-972-0600  
[mo-span.org](http://mo-span.org)

**National Alliance on Mental Illness**  
3405 W. Truman Blvd., #102  
Jefferson City, MO 65109  
573-634-7727  
[nami.org/Local-NAMI/pdf/MO](http://nami.org/Local-NAMI/pdf/MO)

**National Institute of Mental Health**  
6001 Executive Blvd.  
Room 8184, MSC 9663  
Bethesda, MD 20892-9663  
866-615-6464 or 301-443-4513  
[nimh.nih.gov](http://nimh.nih.gov)

**National Mental Health Information Center**  
Center for Mental Health Services  
[www.mentalhealth.gov](http://www.mentalhealth.gov)

## Syndromes

**Angelman Syndrome Foundation, Inc.**  
3015 E. New York St., Ste. A2265  
Aurora, IL 60504  
800-432-6435 or 630-978-4245  
[angelman.org](http://angelman.org)

**Ehlers-Danlos National Foundation**  
3200 Wilshire Blvd  
Suite 1601, South Tower  
Los Angeles, CA 90010  
213-368-3800  
[ehlers-danlos.com](http://ehlers-danlos.com)

**Guillain-Barre Syndrome Foundation**  
104 ½ Forrest Ave.  
Narberth, PA 19072  
610-667-0131  
[guillain-barre.org](http://guillain-barre.org)

**International Rett Syndrome Association**  
9121 Piscataway Road  
Clinton, MD 20735  
800-818-7388  
[rettsyndrome.org](http://rettsyndrome.org)

**National Down Syndrome Society**  
[ndss.org/Resources/Local-Support](https://ndss.org/Resources/Local-Support)

**National Organization for Rare Disorders**  
55 Kenosia Ave., PO Box 1968  
Danbury, CT 06813-1968  
800-999-6673 or 203-744-0100  
[rarediseases.org](https://rarediseases.org)

**Osteogenesis Imperfecta Foundation, Inc.**  
804 West Diamond Ave., Suite 210  
Gaithersburg, MD 20878  
800-981-2663 or 301-947-0083  
[www.oif.org](https://www.oif.org)

**The Prader-Willi Syndrome Association**  
5700 Midnight Pass Rd.  
Sarasota, FL 34242  
800-926-4797 or 941-312-0400  
[pwsausa.org](https://pwsausa.org)

**Tourette Syndrome Association, Inc.**  
42-40 Bell Boulevard  
Bayside, NY 11361  
888-486-8738 or 718-224-2999  
[tourette.org](https://tourette.org)

**Williams Syndrome**  
[williams-syndrome.org](https://williams-syndrome.org)

## **Disorders**

**Anxiety Disorders Association of America**  
8730 Georgia Avenue, Suite 600  
Silver Spring, MD 20910  
240-485-1001  
[adaa.org](https://adaa.org)

**Autism Society of America (ASA)**  
7910 Woodmont Ave., Suite 300  
Bethesda, MD 20814-3067  
800-328-8476 or 301-657-0881  
[autism-society.org](https://autism-society.org)

**Children & Adults with Attention-Deficit/  
Hyperactivity Disorder (C.H.A.D.D.)**  
[chadd.org](https://chadd.org)

**CHADD—Livingston, Carroll, Saline Counties**  
Bosworth, MO  
660-534-7737

**CHADD—South County St. Louis**  
St. Louis, MO  
314-963-5259

**Heartland CHADD**  
Warsaw, MO  
816-438-6990

**Judevine Center for Autism**  
1101 Olivette Executive Parkway  
St. Louis, MO 63132 314-849-4440  
[judevine.org](https://judevine.org)

**Missouri Autism Project**  
Central Missouri: 800-675-4241 or 573-874-3777  
Cape Girardeau: 573-339-9300  
Poplar Bluff: 573-776-1650  
Springfield: 800-420-7410 or 417-890-1399  
Joplin: 800-420-7410 or 417-781-3616

**Project Access**  
Missouri State University  
901 S. National Ave.  
Springfield, MO 65897  
866-481-3841 or 417-836-6755  
[missouristate.edu](https://missouristate.edu)

# Resource Parent Signature

I/we have read and understand all the information provided in this Missouri Resource Parent Handbook.  
I /we have and will ask my/our resource worker or the foster youth's worker if I/we need clarification or have questions.

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**Resource Parent**

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**Date**

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**Resource Parent**

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**Date**

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